

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer P. GageName of deceased Ellen A. O'NeilAge 77 years 6 months 5 daysPlace of death Gardaville, Mass.Date of death January 8, 1948.Cause of death Pneumonia BronchialInterment at Puritan CemeteryDate permit issued January 10, 1948Certified by Poland S. Norton M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

City or Town of Southboro, Mass.

Name of deceased Ellen A. O'Neil

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)

on Jan 10, 1948 (Entombed)

Certified by J. M. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to F. A. CooksonName of deceased Frank Leslie HaynesAge 63 years 11 months 8 daysPlace of death SouthboroDate of death Jan. 11, 1948Cause of death Sudden death
presumably ^{congenital} multiple sclerosisInterment at Edgar Street, FraminghamDate permit issued Jan. 13, 1948Certified by Master of Mortuary M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased Frank Leslie Haynes.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edgell Grove Cemetery, Framingham.....
(Name of cemetery or crematory)

on January 13, 1948

Certified by Wayne L Morgan, Supt.....
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Delina (Paluzzi) FayAge 59 years months daysPlace of death Pleasant St. FayvilleDate of death Jan. 19, 1948Cause of death Cerebral hemorrhageInterment at Rural SouthbowDate permit issued January 20, 1948Certified by C. W. Smith M. D.

No. 345**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Velma Fay

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mural Cemetery, Southboro
(Name of cemetery or crematory)on Entered, Jan. 22, 1948Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Wm. M. TigheName of deceased Rose Ann MattioliAge 89 years 9 months - daysPlace of death SouthboroDate of death Feb. 27, 1948Cause of death ArterioscleroticHeart DiseaseInterment at Rural CemeteryDate permit issued Feb. 29, 1948Certified by Wm. D. Roach, M. D.

Entombed Mar. 1, 1948

No.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Board of Health.....
(Office issuing permit)City or Town of..... Southborough..... Mass.Name of deceased .. Rose Ann Mattioli.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Entombed Mar 1, 1948
at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on

Certified by Walter M. Offord
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to David T. HarperName of deceased Edith A. HillAge 76 years 9 months 8 daysPlace of death SouthboroDate of death March 10, 1948Cause of death Suddenpresumably, coronaryseclerosisRural, WorcesterDate permit issued March 10, 1948Certified by Naomi Mahoney M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... **Board of Health**
(Office issuing permit)

City or Town of..... **Southboro**..... Mass.

Name of deceased .. **Fred A. Hill**.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

at

(Name of cemetery or crematory)

on

March 12, 1948.
Ames Janzen

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John RoseName of deceased Philip EatonAge 67 - 9 daysPlace of death Middleton, R. I.Date of death March 9, 1948Cause of death ArteriosclerosisHeart DiseaseInterment at Rural Cemetery, SouthboroDate permit issued Mar. 12, 1948Certified by 3 M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to... Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased ... Philip Eaton.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Entombed-Rural.Cem.Southboro., Mass.
(Name of cemetery or crematory)

on ... March 12, 1948..... 10 A.M......

Certified by Natal M. Hobart
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

State of Rhode Island

REMOVAL OR BURIAL PERMIT.

The Sexton must indorse the back of this permit and return it to the City or Town Clerk where the burial takes place on or before the fifth day of the month next succeeding.

Clerk's Office

R. I.

March 10, 1948

PERMISSION IS HEREBY GIVEN TO REMOVE THE BODY OF

Philip Eaton

for burial at

Rural Cemetery

Date of Death March 9 1948 Age 62 years 0 months 9 days

Place of Death Forest Farm Nursing Home Middletown R. I.

Cause of Death Arterio Sclerotic heart Disease

Funeral Director S. H. O'Neill Inc.

James A. Peckham,
Local Registrar

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Buisson & MorrisName of deceased Rose P. CarrollAge 58 years — months — daysPlace of death Portsmouth, N.H.Date of death Mar. 9, 1948Cause of death not stated on H.H. PermitInterment at Rural. SouthboroDate permit issued Mar. 12, 1948

Certified by _____ M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased Rose R. Carll.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery-Southboro
at Entombed-Mar. 12, 1948..... 11 A.M.....
(Name of cemetery or crematory)

on

Certified by *Walter M. Offord*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

NEW HAMPSHIRE



PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

City or
Town of

Burial Permit No.

Portsmouth

Full name of deceased

Place of death

Date of death

Method of disposal

Town or City

A certificate of death having been filed as required by the laws of this State, permission is hereby given
to Address (Funeral Director)

to dispose of body of said deceased as above stated.

Dated at this day of 19.....
(Address) Signature (Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Body was on 19..... in (Cemetery or Crematory)
(State whether cremated, buried, stored, etc.)

Place Signature (Sexton or person in charge)

Form BT-1 9-46-15M

SEE OTHER SIDE

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial takes place.

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer O'GagaName of deceased Mabel (Curier) StaggAge 80 years 6 months 28 daysPlace of death FayvilleDate of death March 16, 1948Cause of death Carcinoma of the breastInterment at Glenwood Everett, MassDate permit issued March 16, 1948Certified by Wilfred Watson M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to... Board of Health.....
(Office issuing permit)

City or Town of..... Southborough..... Mass.

Name of deceased Mabel (Currier) Staigg.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at GLENWOOD CEMETERY.....

(Name of cemetery or crematory)

on March 18, 1948

Certified by John F. Corbett
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Board of Health
(Office issuing permit)

City or Town of..... Southboro Mass.

Name of deceased .. Lydia A. Still

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at..... Forestvale Cemetery
(Name of cemetery or crematory)

on..... March 25, 1948

Certified by..... Henry Hubert Sibley
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. TigheName of deceased Louis H. HayAge 75 years 7 months - daysPlace of death SouthboroDate of death March 29, 1948Cause of death Sudden death

presumably coronary
atherosclerosis
Interment at Reed Southboro

Date permit issued March 31, 1948Certified by Walter H. Mahoney M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased..... Louis W. Fay.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery..... Southboro, Mass.....
(Name of cemetery or crematory)

on March 31, 1948..... 3 P.M.

Certified by *Waite W. Offutt*.....
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Martin Murphy Co.
ClintonName of deceased Mary A. Dundass BillAge 60 years months daysPlace of death Baker Rest. Home, Letisquam RdDate of death April 7, 1948Cause of death Acute Cardiac Dilatation.Interment at St. John's Cemetery - LancasterDate permit issued April 8, 1948Certified by John J. Lepore M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Board of Health.....
(Office issuing permit)

City or Town of..... Southboro..... Mass.

Name of deceased Mary A. D. Bill

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's Cemetery Lancaster
(Name of cemetery or crematory)

on April - 10 - 1948

Certified by Rev. Joseph C. Flynn Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer SageName of deceased James Fairbarn Telfer

Age 52 years 7 months 15 days

Place of death Southboro - E. Main St.Date of death 25 April '48Cause of death Carcinoma of RectumInterment at Rural - CemeteryDate permit issued 26 April '48Certified by Roland S. Newton M. D.

No. 37

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased James Fairbarn Jelfs

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on April 28, 1948 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. BrownName of deceased Edmond F. HayesAge 85 years months daysPlace of death Bethel meleady Rest
Home.Date of death June 28, 1948Cause of death Natural causes - presumably
coronary Thrombosis is contributory
malnutrition + arteriosclerosisInterment at Marlboro - Immaculate ConceptionDate permit issued June 28, 1948
(med. Exam)Certified by S. Alden Guild (Grafton) M. D.

No. 38**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edmond F. Hayes

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at J. C. Cemetery, Marlboro
(Name of cemetery or crematory)on June 29, 1948Certified by John D. MacEachern
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

J. J. Brown Marl.95 W Main

Name of deceased

*Margaret V. Collins.*Age 78 years months days

Place of death

South Haven

Date of death

July 5 '48

Cause of death

*cardiac embolus.*Interment at Immac. Concep. Marl.

Date permit issued

July 6 '48

Certified by

*C. W. Smith*M. D.

No. 39

BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed.*to *Board of Health*
(Office issuing permit)City or Town of *Southboro* Mass.Name of deceased *Margaret V. Collins*

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at *Immaculate Conception, Marlboro*
(Name of cemetery or crematory)on *July 7, 1948*Certified by *Patricia F. Buckley*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Howard C. Allen653 Main St, ShrewsburyName of deceased Edw. Wm. BartlettAge 21 years 10 months 25 daysPlace of death Gordenville RdDate of death 10 July '48Cause of death multiple skull fractures + brain lacerations - auto acc.Interment at Mt. View Cemetery
ShrewsburyDate permit issued July 11 '48Certified by S. Allen Guild M. D.

No. 40**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward William Bartlett

If a U. S. War Veteran, specify what war, organization, etc.

WW 2**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mountain View Cemetery
(Name of cemetery or crematory)on July 12-1988
Certified by Lee C. Allen

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm M. Tighe - Marlboro

Name of deceased Margaret Dunn Stewart

Age 85 years months days

Place of death Baker's Rest Home
Latissimum Rd.

Date of death July 19 '48

Cause of death Chronic Myocarditis
Decomp.

Interment at Inmar. Concep - Marlboro

Date permit issued July 20 '48

Certified by John F. Collins M. D.
Marlboro

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *John J. Brown*Name of deceased *Frank J. Mattioli*

Age 57 years 4 months days

Place of death *E. Main St., Southboro*Date of death *Aug. 5 '48*Cause of death *(Uremia)* *Essential Hypertension*Interment at *Rural Cemetery (Southboro)*Date permit issued *Aug. 6 '48*Certified by *Hugh Folsom* M. D.

No. 42**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frank J. Matteoli

If a U. S. War Veteran, specify what war, organization, etc.

World War I **ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on August 7, 1948 11 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Irving W. HarperName of deceased Roy SparrowAge 63 years 11 months 5 daysPlace of death SouthvilleDate of death Aug. 20 - 1948Cause of death Sudden death, presumably
Coronary SclerosisInterment at Rural - CremationDate permit issued Aug. 22 - 1948Certified by Timothy P. Stone M. D.
R. H. Boast

No. 43**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Roy Sparrowuk

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory)on August 23, 1948Certified by James Hansen, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. Oppelt

Name of deceased Raymond Alex. Hollensby

Age 59 years - months - days

Place of death Philadelphia, Pa.

Date of death Sept 5, 48

Cause of death Uremia

Interment at Rural Cemetery, Southboro

Date permit issued 9 Sept 48

Removal Permit: Pennsylvania
Certified by #17439 dtd 7 Sept - M. E. Morris, M. D.
Registrar - Philadelphia

No. 44.....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Sudbury Mass.

Name of deceased Raymond A. Follenby

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery
(Name of cemetery or crematory)

on Sept 9, 1948

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Joseph F. Edwards.Name of deceased John F. MulveyAge 77 years 11 months 12 daysPlace of death Baker Rest. Home, SouthboroDate of death Sept 21, '48Cause of death sudden death - presumably
coronary sclerosisInterment at At. Man's - Milford.Date permit issued Sept 21, '48Certified by Walter F. Mahoney M. D.
med. examiner

No. 45

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Clerk, Board of Health...
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased John F. Mulvey

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's
(Name of cemetery or crematory)

on Sept 23 1948

Certified by Rev. J. Gleeson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to J. Standish StephensonName of deceased Harriet M. DoaneAge 82 years 2 months daysPlace of death Baker Rest Home, SouthboroDate of death Oct 2 1948Cause of death Arteriosclerotic Heart DiseaseInterment at Rural Cemetery, WorcesterDate permit issued Oct 3 '48Certified by J. F. Annunziata M. D.

No. 46

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Harriet M. Doane.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORIUM, WORCESTER, MASS.

(Name of cemetery or crematory)

(Name of cemetery or crematory)

on October 4, 1948.

Certified by Doris Hansen

(Signature of Superintendent cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 47**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Sgt. John S. MacNeillb VII - 2 - 1915d VIII - 15 - 1944Age 29 years 1 months 13 daysPlace of death KIA - FranceDate of death Aug 15 '44Cause of death KIAfrom St. Corneille Cem, Le Mans, FranceInterment at Rural Cem - SouthboroDate permit issued Oct 18 '48Federal (Army) Permit No NY017RCertified by M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Agent - Board of Health.
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Sgt. John S. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

15th A.I.B., 5th Arm'd Div.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Piney Woods Cemetery
(Name of cemetery or crematory)

on Oct. 18, 1918

Certified by W. J. H. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer G. GageName of deceased Percy S. CreedmanAge 68 years 3 months 19 daysPlace of death Baker Rest HomeDate of death Oct 22 '48Cause of death Arteriosclerotic Heart Disease.Interment at Rural Cemetery, WorcesterDate permit issued Oct 23 '48Certified by G. W. Smith M. D.

No. 48**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Percy S. Creelman

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.at
(Name of cemetery or crematory)on Oct. 25, 1948Certified by John Hansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 33

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Juliette (Bright) Field

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on Oct. 31, 1947Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm M TigheName of deceased Patrick M SalmonAge 81 years 4 months 11 daysPlace of death Lynnem. Sr - homeDate of death Nov 2 '48Cause of death A.S Heart dis.Interment at Rural Cem.Date permit issued Nov 2 '48Certified by Wm Roche M. D.

No. 49

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Patrick M. Salmon

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on November 4, 1948 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. J. Callanan - HopkinsName of deceased Delia Burton (nee Kane)Age 92 years 10 months - daysPlace of death Baker Rest. HomeDate of death Nov 5 '48Cause of death Arteriosclerosis
Hypostatic Pneumonia due to SemilithInterment at Holyhood Cem - BrooklineDate permit issued Nov 6 '48Certified by Annanjala M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Edgell 9. ThomasAge 69 years - months - days

Place of death

Date of death Nov 25 1941Cause of death Hypertensive Heart Dis.Interment at Rural Cem. Town
(Removal to new grave)Date permit issued 8 Nov '48Certified by — M. D.

No. 51.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to..... Agent, Board of Health
(Office issuing permit)City or Town of..... Southboro Mass.Name of deceased..... Edgehill J. Thomas.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at..... Rural Cemetery, Southboro
(Name of cemetery or crematory)on..... Nov 8, 1948 10 A.M.Certified by..... Walter W. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John P. RoweName of deceased Clara Bell (Ellis)Age 73 years 3 months daysPlace of death Chestnut Hill, S. D.Date of death Nov. 14 '48Cause of death Cancer of Brain & Lungs.Interment at Lake Delton, Wis.Date permit issued 11/15Certified by L. Markee M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Frances C. Bouchard (^{née} Raney)Age 56 years 7 months daysPlace of death Bethelboro - homeDate of death Nov 15 '48Cause of death Hypertensive Heart Disease
Coronary ThrombosisInterment at Blue Hill Cem - BraintreeDate permit issued Nov 16 '48Certified by J. P. Stone M. D.

No. 53**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances C. Bouchard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Blessed Hill Cemetery
(Name of cemetery or crematory)on November 18, 1948Certified by Arthur W. Dralle
(Signature of Superintendent, cemetery or crematory) E.D.K.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Seymour O. Wood
Hopkinton.

Name of deceased Cordelia (Boucher) Dagenais

Age 93 years 5 months 27 days

Place of death Oak Hill Rd.

Date of death 11/24/48

Cause of death Cardiac Decomp.
A.S Heart Dis.

Interment at Rural - Southboro.

Date permit issued Nov 26, 1948

Certified by M. D.

No. 54

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Cordelia (Boucher) Dagenais

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on November 27, 1948 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Wm M. TigheName of deceased Thomas F. ConnorsAge 71 years — months — daysPlace of death E. Main Sr.Date of death Nov 29 '48Cause of death Carcinoma of RectumInterment at Sr. Michael - HudsonDate permit issued Nov 29 '48Certified by C. W. Smith M. D.
Marlboro

No. 55

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Thomas F. Connors

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michael's
(Name of cemetery or crematory)on Dec 1, 1948Certified by E. H. Connors
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. BrownName of deceased Ada M. TaylorAge 70 years months daysPlace of death Barker Rest. HomeDate of death Nov 30 '48Cause of death BronchopneumoniaInterment at Maplewood Cem., MarlboroDate permit issued Dec 2 '48Certified by J. J. Annunziata M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe, Marlboro

Name of deceased Harold E. Fay.

Age 24 years 1 months 19 days

Place of death Overseas - ~~Paris~~

Date of death May 19, 1944

Cause of death not stated

Interment at Rural Cem., Southboro

Date permit issued Dec 10 '48

Certified by Army Stickler NY 019 R M. D.

No. 57.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Corp. Harold E. Fay

If a U. S. War Veteran, specify what war, organization, etc.

WW II, 5th Arm'd Div., 757 Tank Bn., Co B**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on December 11, 1948 10 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

1 PLACE OF DEATH		(County)		The Commonwealth of Massachusetts	(City or town making return)		
		(City or Town)		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS			
No. _____		STANDARD CERTIFICATE OF DEATH				Registrar's No. _____	
2 FULL NAME		CPL Harold E. Fay				St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence No. Pleasant		St. Fayville				PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so, specify WAR) 11 (If nonresident, give city or town and State)	
Length of stay: In hospital or Institution (Before death)		years	months	days.	In this community		yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX Male		4 COLOR OR RACE White		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single		MEDICAL CERTIFICATE OF DEATH	
6 Age of husband or wife if alive		years		18 DATE OF DEATH May 19 1944		(Month) (Day) (Year)	
7 IF STILLBORN, enter that fact here.		19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____		I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ M.		Duration IMPORTANT	
8 AGE 24 Years 1 Months 19 Days		If less than 1 day Hours Minutes		Immediate cause of death _____		NOT required to be forwarded to town clerk for filing.	
9 Usual Occupation: Cabinet Maker		Due to _____		Other conditions (Include pregnancy within 3 months of death) _____		IMPORTANT Physician _____	
10 Industry or Business: _____		Due to _____		Major findings: Of operations _____		Underline the cause to which death should be charged statistically.	
11 Social Security No. _____		Date of _____		Of autopsy _____		What test confirmed diagnosis? _____	
12 BIRTHPLACE (City) Fayville (SOUTHBORO) (State or country) MASS.		20 Was disease or injury in any way related to occupation of deceased?—If so, specify _____		21 Place of Burial, Cremation or Removal. Rural Cemetery Southboro (City or Town) 1948		22 NAME OF FUNERAL DIRECTOR William M. Tighe ADDRESS Marlboro Mass	
13 NAME OF FATHER Romini Fay		(Signed) _____ M. D. _____		DATE OF BURIAL Dec 11		Received and filed _____	
14 BIRTHPLACE OF FATHER (City) Italy		(Address) _____		ADDRESS _____		19	
15 MAIDEN NAME OF MOTHER Selina Poluzzi		Relation, if any _____		23 (Official Designation) _____ (Date of Issue of Permit) _____		A TRUE COPY ATTEST: _____ (Registrar) _____	
16 BIRTHPLACE OF MOTHER (City) Italy		(Address) _____		24 (Signature of Agent of Board of Health or other) _____		19	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Henry A. Harpin 93 Broad St
Marlboro

Name of deceased Delina Douselle

Age 78 years - months - days

Place of death Baker Rest Home

Date of death Dec 16 '48

Cause of death Sudden Death - presumably
coronary sclerosis

Interment at Sr. Mary's - marlboro

Date permit issued Dec 17 '48

Certified by Walter J. Mahoney M. D.
(*med
exam*)

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Irving W. HarperName of deceased George H. WoodardAge 70 years 7 months 2 daysPlace of death Southboro Southville Rd
..... SouthvilleDate of death Dec 24 '48Cause of death Sudden Death - presumably
Coronary ThrombosisInterment at Mr. Pleasant Cem., ArlingtonDate permit issued Dec 27Certified by Walter F. Mahoney med
..... EX M. D.

No. 59

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased George H. Woodard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mt. Pleasant Cemetery
(Name of cemetery or crematory)

on Dec. 27, 1948

Certified by M. G. Robinson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Elija V. Hawkard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immac. Soncet. Fern
(Name of cemetery or crematory)

on Jan 14, 1949

Certified by J. G. Glennon
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. Offutt

Name of deceased Anthony Pantanella

Age 61 years — months — days

Place of death Cleveland, Ohio

Date of death Jan 13 '49

Cause of death Cerebral Hemorrhage

Interment at Rural Cemetery, Southboro

Date permit issued Jan 18 '49

Permit #394

Certified by J. G. Smith M. D.

No. 49-2

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent B of H
(Office issuing permit)

City or Town of Somerville Mass.

Name of deceased Anthony Pantanella

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Turial Committee Southboro
(Name of cemetery or crematory)

on January 18, 1949

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer L. GageName of deceased Harry Richardson LincolnAge 72 years 2 months 16 daysPlace of death Southbow - Newton St.Date of death 16 Feb '49Cause of death Coronary SclerosisInterment at Rural Cem'g - SouthbowDate permit issued Feb 17, '49Certified by Walter F. Mahoney M. D.

No. 41-3

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Harry R. Lincoln

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on February 18, 1949 3 P. M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. Gage ParmenterName of deceased Bertha Elizabeth (Jewell) AAge 77 years 4 months 2 daysPlace of death Baker Rest HomeDate of death Mar 3 '49Cause of death Coronary OcclusionInterment at Pine Grove Cemetery SpencerDate permit issued Mar 4 '49Certified by T. W. Smith M. D.

No. 49-4

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Betha E. J. Parmender

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*Pine Grove, Cem.
Corp.
Spencer, Mass.

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Cemetery
(Name of cemetery or crematory)on April 2 48Certified by Ray Helday
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Michael J. LynchAge 78 years months daysPlace of death Baker Resr. HomeDate of death April 5, '49Cause of death Carcinoma - RectosigmoidInterment at Ammac. Concep. (Marlboro)Date permit issued April 6, '49Certified by John J. Lepore M. D.

No. 49-5

BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Bonifacio Mass.Name of deceased Michael J. Lynch

If a U. S. War Veteran, specify what war, organization, etc.

no

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery, Marlboro
(Name of cemetery or crematory)on April 7, 1949Certified by John D. MacEachern
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner G. GageName of deceased Gora Isabelle (Howard) NewtonAge 86 years 4 months 16 daysPlace of death Main St., SouthboroDate of death April 14, 49Cause of death Acute Dilatation of The HeartInterment at Rural Cemetery, SouthboroDate permit issued April 16, 49Certified by J. D. Kable M. D.

No. 49-6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to. Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Gora J. H. Newton

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on April 17, 1949

Certified by Walter M. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. BrownName of deceased Katherine McSweeney

Age 77 years - months - days

Place of death Baker Rest HomeDate of death April 18, 1949Cause of death Sudden death, presumably
Concussion ThrombosisInterment at Immac. Conception, MarlboroDate permit issued April 18, '49Certified by Walter F. Mahoney M. D.

No. 49-7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Katherine Mc Sweeney

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery

(Name of cemetery or crematory)

April 20, 1949

on

Certified by (Rev.) Francis L. Gallagher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe

Name of deceased Louis J. Gralton

Age 66 years 4 months - days

Place of death Marlboro Rd., Southboro

Date of death April 28 1949

Accident - struck by auto →

Cause of death fractures, hemorrhage, shock

Interment at Rural Cem'y. - Southboro

Date permit issued April 28, 1949

med.
exam.

Certified by Walter F. Mahoney M. D.

BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Louis J. Grafton

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on April 30, 1949Certified by Walter M. Coffelt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Dana J. KidderName of deceased Grace Marion KidderAge 70 years 3 months 9 daysPlace of death Altadena, Calif.Date of death I - 15 - 49Cause of death Leukemia, ThrombosisInterment at South Los - RuralDate permit issued I - 31 - 49Certified by Roy D. Gilbert M. D.
Calif. Bureau of Vital Statistics

No. 49-9

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Grace Marion Kidder

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)on May 28, 1949Certified by J. M. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

REGISTRATION
DISTRICT NO.

1904

REGISTRAR'S
NUMBER

90

CERTIFICATE OF DEATH

STATE
FILE NO.

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1a NAME OF DECEASED—FIRST NAME Grace	1b MIDDLE NAME Marion	1c LAST NAME Kidder	2a DATE OF DEATH - MONTH, DAY, YEAR January 1, 1949	2b. HOUR 7:00 PM	
	3 SEX Female	4. COLOR OR RACE White	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	6 DATE OF BIRTH October 10, 1878	7 AGE (LAST BIRTHDAY) 70 YEARS	
	8a USUAL OCCUPATION (GIVE KIND OF RETIRED LOST OF WORKING LIFE, EVEN IF Housewife)		8b KIND OF BUSINESS OR INDUSTRY Own Home	9 BIRTHPLACE (STATE OR FOREIGN) Vermont	10 CITIZEN OF WHAT COUNTRY? United States	
	11. NAME OF FATHER Mark Edward Clayton		12 MAIDEN NAME OF MOTHER Mary Jane Parkhurst	13. NAME OF SPOUSE (IF MARRIED) Dana Judson Kidder		
	14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No		15 SOCIAL SECURITY NUMBER None	16 INFORMANT Dana Judson Kidder (Husband)		
	PLACE OF DEATH	17a. PLACE OF DEATH - CITY OR TOWN Pasadena		17b. LENGTH OF STAY (IN THIS PLACE) 3 days	17c. COUNTY Los Angeles	
		17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION - (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Huntington Memorial Hospital- 100 Congress Street				
	USUAL RESIDENCE WHERE DECEASED LIVED (IF INSTITUTION, RESI- ENCE BEFORE ADMISSION)	18a STREET ADDRESS (IF RURAL, GIVE LOCATION) 1766 Bellford Avenue		18b CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Rural Altadena	18c. COUNTY Los Angeles	18d. STATE California
		19-i. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH				
	CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))	19-ib. DUE TO Arteriosclerosis		19-ic. DUE TO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19-ii. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		19-ii. OTHER SIGNIFICANT CONDITIONS				
OPERATIONS AUTOPSY	20a. DATE OF OPERATION	20b. MAJOR FINDINGS OF OPERATION			21. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DEATH DUE TO EXTERNAL VIOLENCE	22a ACCIDENT SUICIDE HOMICIDE	(SPECIFY)	22b. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	22c. LOCATION CITY OR TOWN COUNTY	STATE	
	22d. TIME OF INJURY	MONTH DAY YEAR HOUR M	22e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK	22f. HOW DID INJURY OCCUR?		
PHYSICIAN'S OR CORONER'S CERTIFICATION	23a. CORONER'S: I HEREBY CERTIFY THAT I HAVE HELD AN <input type="checkbox"/> AUTOPSY <input type="checkbox"/> INQUEST, OR <input type="checkbox"/> INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.			23b. PHYSICIAN'S: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January 19 1949 AT January 19 1949 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE January 19 1949		
	23c. SIGNATURE G.T. Burke	23d. DEGREE OR TITLE M.D.	23e. ADDRESS 65 N. Madison Avenue- Pasadena	23f. DATE SIGNED Jan. 20-1949		
FUNERAL DIRECTOR AND REGISTRAR	24a <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL	24b. DATE 21-1949	24c. CEMETERY OR CREMATORIAL Pasadena Mausoleum Crematory	25. SIGNATURE OF EMBALMER Wm. T. Stahlmann	LICENSE NUMBER 311	
	27. DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1949	28. SIGNATURE OF LOCAL REGISTRAR CHARLES H. BURKE D.M.	26. SIGNATURE OF FUNERAL DIRECTOR Turner and Stevens Company	ADDRESS Pasadena		

PM 3/16
STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

111
Local Registrar's Permit for Removal of Cremated or Interred Human Remains

THIS PERMIT DOES NOT AUTHORIZE
THE REMOVAL OF REMAINS NOT
PREVIOUSLY BURIED OR CREMATED

111
COUNTY OF Los Angeles

CITY OR TOWN OF Altadena

DATE THIS PERMIT ISSUED January 24, 1949

In accordance with the provisions of Section 7501 of the Health and Safety Code (Statutes of 1939, Chapter 60, as amended, permission is hereby granted to Dana J. Kidder, Husband of deceased
Name of applicant for this permit

to remove the cremated/interred remains of Grace Marion Kidder

Name of decedent

Age 70-3-9 Sex Female Place of death Pasadena, California Date of death Jan. 19, 1949

Cause of death Coronary thrombosis, Arteriosclerosis

From Altadena to Southboro, Massachusetts
City or town City or town State

to be delivered to Southboro Cemetery at destination.
Name of person, crematory, cemetery, etc.

Pasadena Mausoleum Crematory, Acting Agent.

*Roy O. Gilbert, Jr.
By Dyne Morris*

Local Registrar of Vital Statistics Registration District No. 1920

THE PERSON RECEIVING THE REMAINS AT DESTINATION MUST FILL IN AND SIGN THE FORM BELOW
AND DELIVER THIS PERMIT TO THE LOCAL REGISTRAR OF THE REGISTRATION
DISTRICT IN WHICH DESTINATION IS LOCATED

DATE REMAINS RECEIVED May 28, 1949

DISPOSITION OF REMAINS Buried

Buried, stored, etc. Write the word.

SIGNED Walter M. Coffelt

This permit should be issued in triplicate. The original must accompany the remains to destination; the duplicate should be retained by the person delivering the remains for removal and the triplicate must be kept on file by the local registrar who issues it.

NOTE.—The law authorizing the issuance of this permit reads in part: Any person entitled by law to remove any remains may apply to the local registrar for a permit to remove them. The local registrar shall issue a permit, retaining a copy, for which permit he shall receive a fee of fifty cents to be paid him by the applicant for the permit.

California
 1 PLACE OF DEATH *Los Angeles*
 (County)
 1 PLACE OF DEATH *Los Angeles*
 (City or Town)
 No.

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH



To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No.

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

2 FULL NAME *Grace Marion Kruddas*
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.
 (Usual place of abode) *Pasadena Calif.* St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

**INSTRUCTIONS
 FOR
 MEDICAL CERTIFICATE**

**In giving
 CAUSE OF DEATH**

do not enter
 more than one
 cause for each
 of (a), (b) and (c)

*This does not mean
 the mode of dying, such
 as heart failure, asthenia,
 etc. It means the disease,
 or complications which
 caused death.*

*Morbid conditions,
 if any, giving rise to the
 above cause (a) stating
 the underlying cause
 last.*

*Conditions contrib-
 uting to the death but not
 related to the disease or
 condition causing death.*

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Jan 19 1949*
 (Month) *Jan* (Day) *19* (Year) *1949*

4 I HEREBY CERTIFY, That I attended deceased from
, 19....., to 19.....

I last saw h..... alive on 19....., death is said to
 have occurred on the date stated above, at m.

DISEASE OR CONDITION
 DIRECTLY LEADING
 TO DEATH (a) *Edema*

INTERVAL BE-
 TWEEN ONSET
 AND DEATH

ANTE CEDENT (b)
 CAUSES

Due To
 (c)

OTHER
 SIGNIFICANT
 CONDITIONS

Major findings:
 Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....
 (Signed)....., M. D.
 (Address)..... Date 19.....

6 *Rural* *Southerly, Mass*
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL *May 26 1949*

7 NAME OF
 FUNERAL DIRECTOR *Edmund & Leopold*
 ADDRESS *1400 New Haven Mass*

Received and filed..... 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

6 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE
 (write the word)
 MARRIED
 WIDOWED
 or DIVORCED *Married*

10a If married, widowed, or divorced
 HUSBAND of.....

(Give maiden name of wife in full)
 (or) WIFE of *Leana J. Kruddas*
 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *70* Years *3* Months *9* Days If under 24 hours
 Hours Minutes

13 Usual
 Occupation: *House*
 (Kind of work done during most of working life)

14 Industry
 or Business:.....

15 Social Security No.

16 BIRTHPLACE (City)
 (State or country) *Broadalbin* *Vermont*

17 NAME OF
 FATHER *Mark E. Slayton*

18 BIRTHPLACE OF
 FATHER (City)
 (State or country) *Weybridge* *Vermont*

19 MAIDEN NAME
 OF MOTHER *Mary Jane Parkhurst*

20 BIRTHPLACE OF
 MOTHER (City)
 (State or country) *Weybridge* *Vermont*

21 Informant
 (Address) *Leana J. Kruddas*
Pasadena, Calif.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Mr. Robt S. Morse

170 Westford St,

Issued to Lowell, Mass.

Name of deceased John Thomas Lowe
10 Marlboro Rd., Southboro

Age 82 years 10 months 9 days

Place of death Southboro

Date of death May 31 '49

Cause of death Coronary Thrombosis

Interment at Westlawn Cem. Lowell 6/3

Date permit issued 6/2/49

Certified by Dominie Fiorentino M. D.

No. 49 - 10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John Thomas Lowe

If a U. S. War Veteran, specify what war, organization, etc.

none**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Westlawn Cemetery
(Name of cemetery or crematory) Lot 25
on June 3 1949 Sec 4Certified by Orvin P. McKeague Gr 1
(Signature of Superintendent, cemetery or crematory)
Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Wm M. ZigheName of deceased John J. CollearyAge 83 years — months — daysPlace of death Lafisquama Rd.Date of death June 8, '49Cause of death Acute Dilatation of Heart -
ArteriosclerosisInterment at Rural - SouthbowDate permit issued June 9, '49Certified by Josephine D. Kable M. D.

No. 49-11

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased John J. Colleary

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on June 10, 1949

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Zieghe

Name of deceased Anna C. Brown

Age 59 years 2 months days

Place of death Maple St., Fayville

Date of death June 25, 1949

Cause of death ~~Carcinoma of left~~ ~~breast~~ Carcinoma of left breast.

Interment at Rural Cemetery, South Phillips

Date permit issued June 25, 1949

Certified by Roland S. Newton M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Anna C. Brown

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pearl Cem. Southboro
(Name of cemetery or crematory)

on June 27, 1949

Certified by Walter M. Officer
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. Tighe

Name of deceased Bert Courtemanche

Age 60 years - months - days

Place of death Scranton Pa

Date of death 7-17-49

Cause of death Ch. Myocarditis

Interment at Rural Cem., Southboro

Date permit issued July 21, 49

Certified by Pearl Reese Register Scranton M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Bert Courtemanche

If a U. S. War Veteran, specify what war, organization, etc.

unknown

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Pw. Southboro
(Name of cemetery or crematory)

on July 21, 1959

Certified by J. H. O'Flutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Burner G. GageName of deceased Juliet (marshall) PageAge 93 years 4 months 5 daysPlace of death Common Rear HomeDate of death July 21 '49Cause of death Chronic Myocarditis (Arterio-
sclerosis)Interment at Maplewood - MarlboroDate permit issued July 22 '49Certified by G. W. Smith M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Q. Heath Onthank

(member of family)

Name of deceased Genevieve M. Farris

Age ? years months days

Place of death ? Hempstead, L.I., N.Y.

Date of death ?

Cause of death ?

Interment at Rural Cem'g, S. Bronx

Date permit issued July 25 '49

Certified by United States Cremation Co. Ltd. M. D.

Middle Village, L.I.

No. 49-15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Bd. of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Genevieve M. Farris

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Piney Ave. Southboro
(Name of cemetery or crematory)

on July 23, 1970

Certified by John M. Fletcher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



THE UNITED STATES CREMATION CO., LTD.

(FRESH POND CREMATORY AND COLUMBARIA)

INCORPORATED 1884

61-40 MOUNT OLIVET CRESCENT

MIDDLE VILLAGE, L. I., N. Y.

Telephone *HEgeman* 8-9700-9701

Date July 24, 1949

Cremation No. 90185

This Certifies, That

Genevieve M. Farris

has been cremated at the Fresh Pond Crematory on

July 24, 1949 by authority of Cremation Permit

No. 979 issued by the Department of Health of

the TOWN OF HEMPSTEAD County

of NASSAU dated July 23, 1949

The UNITED STATES CREMATION CO., Ltd.

(Fresh Pond Crematory)

L. B. Hooney Jr.

Superintendent

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. BrownName of deceased Ida L. BagleyAge 64 years months daysPlace of death E. Main St., SouthboroDate of death August 20, 49Cause of death Adenocarcinoma of ColonInterment at Rural Cemetery, SouthboroDate permit issued Aug 22, 49Certified by Maurice E. Costin M. D.

No. 49-16

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Ida L. Bagley

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on August 23, 1949 3 P.M.

Certified by Walter M. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Albert Sewall WoodwardAge 73 years 0 months 29 daysPlace of death Oak Hill Rd, FayvilleDate of death Sept 29 1949Cause of death Cerebral HemorrhageInterment at Lakeview Cem, WakefieldDate permit issued Sept 30, '49Certified by Roland S. Newton M. D.

No. 49-17

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Albert S. Woodward.

If a U. S. War Veteran, specify what war, organization, etc.

— no —

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Lakeside Cemetery
(Name of cemetery or crematory)

on Oct. 3, 1949

Certified by H. E. Carter
(Signature of Superintendent, cemetery or crematory)

D. L.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer C. GageName of deceased Edgar F. ChickAge 86 years 11 months 11 daysPlace of death Melendy Rest HomeDate of death Nov. 3, 1949Cause of death Atherosclerotic Heart DiseaseInterment at Maplewood - MarlboroDate permit issued Nov. 4, 1949Certified by F. W. Smith M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer T. GageName of deceased Emily Little MinerAge 66 years 10 months 10 daysPlace of death Ward RdDate of death Nov 4 '49Cause of death Carcinoma of Breast
Cerebral MetastasisInterment at Forest Hills, BostonDate permit issued Nov 4 '49Certified by E. W. Smith M. D.

No. 49-19

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Emily Little Miner

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETER
(Name of cemetery or crematory)

NOV 7 19

on 19

Certified by John Doe
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Hannah M. O'ConnellAge 63 years months daysPlace of death Fisher Rd.Date of death Nov 28, 1949Cause of death Pancinoma of lungs.Interment at Immac. Conception, Marl.Date permit issued Nov 30, '49Certified by Raymond Johnson M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro, Mass. Mass.

Name of deceased Hannah M. O'Connell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at T. C. Sem
(Name of cemetery or crematory)

on Dec 1, 1949

Certified by J. S. S.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *John J. Brown - Marlboro*Name of deceased *Eliza V. Hankard*

Age 76 years — months — days

Place of death *Baker Res. Home*Date of death *Jan 11, '49*Cause of death *Diffuse arteriosclerosis*Interment at *Inmac. Concep. - Marlboro*Date permit issued *Jan 13 '49*Certified by *John F. Collins* M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer C. SageName of deceased Wallace Mortimer WryeAge 85 years 6 months 18 daysPlace of death E. Main St.Date of death Jan 30, 1950Cause of death Arteriosclerotic Heart Disease.Interment at Rural Bem, SouthbowDate permit issued Jan 31, 1950Certified by Roland S. Newton

M. D.

No. 50-1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Wallace M. Wrye.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on February 1, 1950 3 P.M.

Certified by Walter M. Offord
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter W. Watson & Son ..
Milford.

Name of deceased Eanes K. Marshall Leonard

Age 80 years — months — days

Place of death Mobile, ala.

Date of death March 24, 1950

Cause of death not specified.

Interment at Rural - Town.

Date permit issued 30 Mar '50

Certified by W. W. Scales. M. D.

STATE OF ALABAMA

STATE HEALTH DEPARTMENT
Bureau of Vital Statistics

VS-13

BURIAL-REMOVAL-TRANSIT PERMIT

Full name of deceased

Ernest Marshall Leonard

Burial Permit No.

Place of death

Mobile, Ala.

(Town or City)

(County)

Date of death

March 24, 1950

Color

W

Sex

M

Age

80

Method of disposal

Transit

Southboro Mass

(Cemetery or Crematory)

(County)

(State)

Funeral director

Higgins Mortuary

Address

Mobile, Ala.

to

(Funeral Director or person acting as such)

to dispose of the body as above stated.

Dated at

Mobile, Ala.

this

25

day of

March

1950

Signature

W. W. Scales

(Registrar)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Burial permit issued on March 30, 1950

(State whether cremated, buried, stored, etc.)

in

(Cemetery or crematory)

Signed by

Timothy P. Stone

Signature

(Sexton or person in charge)

Agent Board of Health
SEE OTHER SIDE Southboro, Mass.

This Permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 5 days to the Registrar of the district in which the burial takes place.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Agent, Board of Health.
(Office issuing permit)

City or Town of..... Southboro Mass.

Name of deceased Ernest M. Leonard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on May 29, 1950

Certified by S. M. Abbott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Jessein + LedouxName of deceased Gedeon A. GouletAge 83 years — months — daysPlace of death School St., Southboro ^{1/2 Dnarrk.}Date of death June 6, 1950Cause of death Cerebral EmbolusInterment at St. Mary's - MarlboroDate permit issued June 7, 1950Certified by Domenic Fiorentino M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *John L. Norton + Son.*Name of deceased *Kristina Flanders.*Age *8* years — months — daysPlace of death *Southville*Date of death *June 8, 1950*Cause of death *Arteriosclerotic Heart Dis.*Interment at *Rural - Southville*Date permit issued *6 - 9 - 50*Certified by *J. L. Stone.* M. D.

No. 50-4

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Kristina Flanders

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.
(Name of cemetery or crematory)

on June 11, 1950, 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John P. RoweName of deceased Clementina BoselliAge 77 years — months — daysPlace of death Pleasant St., FangvilleDate of death June 18, 1950Cause of death Coronary ThrombosisInterment at Rural Cemetery - SouthboroDate permit issued June 20, 1950Certified by H. Stone M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Clementina Boselli.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on June 21, 1950 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe

Name of deceased Julia J. Fitzgerald

Age 84 years — months — days

Place of death Marlboro Marlboro Rd.

Date of death June 26 1950

Cause of death Chronic Nephritis

Interment at Immac. Concep. - Marlboro

Date permit issued 6/26/50

Certified by Josephine Kable, M. D.

No. 50-6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Julia G. Fitzgerald

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery, Marlboro
(Name of cemetery or crematory)

June 28, 1950

on

Certified by Rev. Francis L. Gallagher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to S. O. Wood, Hawk

Name of deceased Lulu Jane (Thayer) Russell

Age 69 years 5 months 2 days

Place of death Parkerville Rd.

Date of death July 21, 1950

Cause of death Coronary Thrombosis

Interment at Wildwood, Ashland.

Date permit issued July 22, 1950

Certified by W. J. Cochrane. M. D.

BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Lulu Jane (Thayer) Bussell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Wildwood Cemetery
(Name of cemetery or crematory)on July 23, 1950
Certified by Charles H. Stone

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer G. Gage ^{Walter?}Name of deceased John W. BakerAge 69 years 4 months 28 daysPlace of death Newton St., SouthboroDate of death August 5, 1950Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued Aug 7 '50Certified by Walter F. Mahoney M. D.

No. 50-8

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John W. Baker

If a U. S. War Veteran, specify what war, organization, etc.

60 E, 17th Engineer Railway-Att Demol Det 2WW I**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)on AUGUST 8, 1950 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to King + Watson (Clinton)

Name of deceased Roy Emerald Williams

Age 71 years 9 months 24 days

Place of death Latisquama Rd., Sonoma

Date of death Oct 3, 1950

Cause of death Acute Coronary Occlusion

Interment at Oak Hill Cemetery, Sterling

Date permit issued X-3-50

Certified by William J. Betinus M. D.

No. 50-9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Roy E. Williams

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Oak Hill Cemetery
(Name of cemetery or crematory)

on Oct 5 1950

Certified by Sept Charles E. Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. OffuttName of deceased Flora H. BarnardAge 91 years 0 months 20 daysPlace of death Bangor, MaineDate of death Oct 8, 1950Cause of death Cerebral HemorrhageInterment at Rural - SouthboroDate permit issued Oct 12, 1950Certified by Luther S. Mason M. D.
109 State St., Bangor

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Flora H. Barnard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on Oct 12, 1956

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

STATE OF MAINE

Form D
BURIAL PERMIT

BANGOR

Me., OCT 8 1950

Permission is hereby given.

ROBERT E LARTE

to remove and bury the remains of

FLORA H BARNARD

in RURAL

Cemetery, Town of SOUTH DORR, MASS

Date of Death OCT 8 1950, Age 81 years 0 months 20 day.

Place of Death 124 PARK VIEW AVE BANGOR ME Street

Cause of Death CEREBRAL HEMORRHAGE

Medical Attendant LUTHER S. MASON M.D.

No. Sally City or Town Clerk

(Over)

TRANSPORTATION OF CORPSE

State of Maine
BUREAU OF HEALTH
CERTIFICATE OF DEATH

Place of Death — Town or City BANGOR

No. 124 PARK VIEW AVE
Street, Locality, Institution or Hospital

Full Name FLORA H. BARNARD

How Long a Resident NON-RESIDENT Previous Residence CAMDEN, ME

PERSONAL AND STATISTICAL PARTICULARS

Sex F Color W Married, Single, Widowed or W
Divorced)

Deceased was Husband of

Deceased was wife of ORIEL BARNARD

Date of Birth: Year 1857 Month SEPT Day 18

Age: Years 91 Months 0 Days 20

*Occupation HOUSEWIFE

Place of Birth ETNA, MAINE

Name of Father COLUMBUS BUSWELL

Birthplace of Father

Occupation of Father

Maiden Name of Mother OPAVILLE SMITH

Birthplace of Mother

*Exact statement of occupation is very important. Example:
Instead of Laborer, write Farm Laborer

Robert E. Smith
(Shipping Funeral Director)
9 MOUNTAIN ST. CAMDEN, ME
(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, and year) OCT 8 1950

I HEREBY CERTIFY, That I attended deceased from
OCT 8, 1950, to OCT 8, 1950,
that I last saw her alive on OCT 8, 1950
and that death occurred, on the date stated above,
at 1 P.M.

The CAUSE OF DEATH was as follows:

CEREBRAL HEMORRHAGE

..... (duration) yrs. mos. 1 ds.

CONTRIBUTORY

(Secondary)

..... (duration) yrs. mos. ds.

Where was disease contracted if not
at place of death.

Did an operation precede death? NO Date of ✓

Name of operation None

Was there an autopsy? None

(Signed) LUTHER S. MASON, M.D.

Address 109 STATE ST
BANGOR, ME

PERMIT OF TOWN CLERK AND *HEALTH OFFICER

This Permit with above Certificate, must be presented to Initial Baggage Agent and delivered with body at destination

OCT 8 1950

Permission is hereby granted to remove for burial at URAL CEMETERY - SOUTH BORO, MASS the body of FLORA H. BARNARD, above described, if prepared in accordance with the laws of this State. If contagious or communicable, state name of person who is authorized to accompany the body

J. ALLEY 657 Town Clerk

*The above permit is hereby approved.

Health Officer

*To be used when the approval of the health officer is required.

Detach above portion at this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State the sexton or other person superintending, must send this permit and certificate to the State Bureau of Health in ten days.

Detach at this perforation, and securely attach this label to the outside case.

CORPSE TRANSIT LABEL
FUNERAL DIRECTOR'S CERTIFICATE

License No. 597

Register No.

I (or we) hereby certify that the accompanying dead body of FLORA H. BARNARD to be transported to SOUTH BORO, MA State of MASS in care of NORMAN H. BOWLEY has been prepared for transportation in conformity with rule No. III of the transportation rules for corpses in this State.

Robert E. Smith
Shipping Funeral Director

Address CAMDEN, MAINE

OCT 11 1950

Station Baggage Agent must enter hereon a description of the corpse ticket, or check the exact route and via what Junctional Points the corpse ticket or check reads, which is held by the passenger in charge of the corpse.

Date 194

From to State of

No. of Ticket Form No. of Ticket

Via R.R. To

Name of passenger in charge Place of residence

Signed Station Agent

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Mary Ann (Shelnut) NuttAge 86 years 9 months 18 daysPlace of death Middle Rd., SouthboroDate of death Oct 12, 1950Cause of death Arteriosclerotic Heart DiseaseInterment at Rural - SouthboroDate permit issued Oct 12, 1950Certified by Walter F. Mahoney M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary A. Hutt

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on October 14, 1950 3 P.M.

Certified by *Walter M. Offutt*
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *Wm. Tighe.*Name of deceased *Elizabeth Ginga*Age *70* years *2* months *21* daysPlace of death *Pleasant St., Fayville*Date of death *12/2/50*Cause of death *Pulm. Embolus.*Interment at *Rural Cem.*Date permit issued *12/4/50*Certified by *Peter Cotton* M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased El'z. Ginga

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Purcell Cem. Southboro
(Name of cemetery or crematory)

on Dec. 25, 1950

Certified by Walter M. O'Flaherty
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *Summer Gage*Name of deceased *Millage Banks*Age *79* years *11* months *13* daysPlace of death *Turnpike, Fairville*Date of death *Jan 29, 1951*Cause of death *Generalized arteriosclerosis*Interment at *Maplewood Cemetery, Marlboro*Date permit issued *Jan 30, 1951*Certified by *J. P. Stone* M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Alice Mae McQuarrieAge 72 years 1 months 7 daysPlace of death La Siesta Rest HomePlace of death Pasadena, Calif.Date of death Jan 23, 1951Cause of death Coronary ThrombosisInterment at Royal Cemetery - SouthbrowDate permit issued 2-2-51Certified by Byron W. Sutheil M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Alice Mae McQuarie

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)

on February 3, 1951

Certified by Walter M. O'Flaherty
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper (Westboro)Name of deceased Pitt Harrison BoyingtonAge 51 years 1 months 28 daysPlace of death Deerfoot Rd., Southboro
(aronson farm)Date of death Feb 10, 1951
presumablyCause of death Sudden: Coronary SclerosisInterment at Lincoln Cemetery - Lincoln, Me.Date permit issued Feb 11, 1951Certified by Walter F. Mahoney M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Pitt Harrison Boyington

If a U. S. War Veteran, specify what war, organization, etc.

undet. as yet

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Lincoln W. Cem.
(Name of cemetery or crematory)

on Feb. 13, 1951

Certified by J. C. Barton F. D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper

Name of deceased Lexie C. Johnson

Age 72 years 3 months 12 days

Place of death Northboro Rd.

Date of death 3 / 15 / 51

Cause of death sudden death - presumably coronary
sclerosis.

Interment at Rural Cemetery - Southboro

Date permit issued 3 / 19 / 51

Certified by Walter J. Mahoney - ^{as medical} examiner. M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Lexie G. Johnson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Paradise Cemetery, Southboro
(Name of cemetery or crematory)

on May 19, 1957

Certified by Walter M. Coffelt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Summer C. GageName of deceased Ella R. H. SawinAge 85 years 6 months 19 daysPlace of death School St - Duarre HomeDate of death 3 / 28 / 51Cause of death Arteriosclerotic Ht. Dis.Interment at Rocklawn - Marl.Date permit issued 3 / 29 / 51Certified by Albert E. LeMarbre M. D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. P. Rowe, MarlboroName of deceased Eliza Mulvey WinnAge 87 years — months — daysPlace of death Brighton Sr.Date of death 3 / 30 / 51Cause of death Cerebr. Hemorrhage.Interment at Immac. Concep.Date permit issued 4 / 1 / 51Certified by Walter S. Cochran M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Agent, Board of Health
(Office issuing permit)

City or Town of..... Sudbury Mass.

Name of deceased Eliza Mulvey Winn

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery
(Name of cemetery or crematory)

on April 2, 1951

Certified by gbl
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Robert K. WadsworthName of deceased Greta Isabelle (Bailey) MainAge 62 years 2 months 9 daysPlace of death Marlboro Rd (c/o Badger)Date of death 4/24/51Cause of death Cerebral ThrombosisInterment at Oak Grove Cem.; West Haven, Conn.Date permit issued 4/26/51Certified by J. H. Ingalls M. D.

No. 51-7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Greta Main

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Oak Grove Cemetery, West Haven
(Name of cemetery or crematory) Conn.

on April 27, 1951

Certified by T. H. Judd
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Dessein + Ledoux

Name of deceased Victoria L. Baldelli

Age 70 years 4 months — days

Place of death Pleasant St., Zaysville

Date of death May 2, 1951

Cause of death Cerebral Hemorrhage

Interment at Rural - Southboro

Date permit issued May 3, 1951

Certified by Timothy P. Stone, M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Victoria Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on May 15, 1951, 10 A.M.

Certified by Walter McOffett
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. P. RoweName of deceased Carrie Greenwood Smith (Bunnell)Age 77 years 11 months 28 daysPlace of death McGovern House, JaysvilleDate of death 5/30/51Cause of death Cerebral ThrombosesInterment at Edgell Grove CemeteryDate permit issued 5/31/51Certified by J. P. Stone M. D.

No. S.1-9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Carrie G. Smith

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edgewood Cemetery, Framingham
(Name of cemetery or crematory)

on June 1, 1951

Certified by Wayne L. Morgan, Sup't
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *John J. Brown & Son.*Name of deceased *Margaret Nugent*

Age 80 years — months — days

Place of death *Marlboro Rd*Date of death *6/4/51*Cause of death *Sudden Death, presumably
coronary Thrombosis.*Interment at *Dimac. Convent. Marl.*Date permit issued *6/5/51*Certified by *W. F. Mahoney* M. D.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Margaret Nugent

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery
(Name of cemetery or crematory)on June 7, 1951Certified by Rev. F. L. Gallagher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. OffuttName of deceased Mary E. BallochAge 92 years months daysPlace of death Manchester, N.H.Date of death 8/8/51Cause of death Acute Coronary OcclusionInterment at Rural Cemetery, SouthboroDate permit issued 8/10/51Certified by Stanley Yndick M. D.
Manchester, N.H.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Bd of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary E. (Whitney) Balloch

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on August 10, 1951 2 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. OffuttName of deceased Ella JacksonAge — years — months — daysPlace of death City of N.Y.Date of death 3/24/57 Permit dated 3/24/57Cause of death ?Interment at Parkview CemeteryDate permit issued Sept 1, 1957Certified by The U.S. Cremation Co. M. D.

#7373

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Ella Jackson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Southboro
(Name of cemetery or crematory)

on Sept. 7, 1951

Certified by Walter M. Head
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



THE UNITED STATES CREMATION CO., LTD.

(FRESH POND CREMATORY AND COLUMBARIUM)

INCORPORATED 1884

61-40 MOUNT OLIVET CRESCENT

MIDDLE VILLAGE, L. I., N. Y.

Telephone *HEgeman* 8-9700-9701

Date August 25.

19 51

Cremation No. 97036

This Certifies, That

ELIA JACKSON

has been cremated at the Fresh Pond Crematory on
August 25. 19 51 by authority of Cremation Permit
No. 7373 issued by the Department of Health of
the City of New York, NY. County
of Queens dated August 24. 19 51

The UNITED STATES CREMATION CO., Ltd.

(Fresh Pond Crematory)

Frank Hoblin
Frank Hoblin
Superintendent

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper

Name of deceased Grace L. Bingham

Age 72 years — months 22 days

Place of death Southville

Date of death Sept 17 '51

Cause of death carcinoma of lung

Interment at Rural Cemetery, Southboro

Date permit issued 9/20/51

Certified by W. Cochrane M. D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Grace L. Bingham

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on September 20, 1951 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John L. Norton + SonName of deceased Mrs. Lucy (Owen) HeckleAge 79 years 10 months 4 daysPlace of death Middle Rd., SouthboroDate of death 10/30/51Cause of death Coronary ThrombosisInterment at Mt. Auburn - HopkintonDate permit issued 10/30/51Certified by Timothy P. Stone

M. D.

No. 51-14.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed.*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mrs. Lucy (Owen) Heckle

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at MT. Auburn Cemetery Lot #255 Room #2
(Name of cemetery or crematory)on Friday Nov. 2 1951 N. L. MCINTIRECertified by N. L. McIntire SEXTON
(Signature of Superintendent, cemetery or crematory)TOWN OF WELKINTON
Cemeteries

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer G. GageName of deceased Nellie L. HowardAge 83 years 9 months 1 daysPlace of death Main St., SouthboroDate of death 20 Nov '57Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued 21 Nov '57Certified by David D. Sher M. D.

No. 51-15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Nellie L. Howard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on September 23, 1951

Certified by Nellie L. Howard
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Living W. HarperName of deceased Mary A. UnderwoodAge 85 years 1 months 27 daysPlace of death School St., SmithboroDate of death Nov 25, 1951Cause of death Hypostatic Pneumonia
Chronic myocarditisHypertension
Arteriosclerosis.Interment at Evergreen Cem. - WoodvilleDate permit issued Nov 26, 1951Certified by J. F. Annunziata M. D.

No. 51-16

BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed.*to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary A. Underwood

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Evergreen Cemetery Woodville Mass.
(Name of cemetery or crematory)

on lot C 66 Grave 5 November 27/951 N. L. MCINTIRE

Certified by N. L. McIntire
(Signature of Superintendent, cemetery or crematory)

Cemeteries

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. OffuttName of deceased Joseph J. Daniels

Age years months days

Place of death

Date of death 12-22-50Cause of death Fractured Neck (Auto Acc)Interment at Lot 6, Sec 12 → Lot 35 S, Sec C. WestDate permit issued 11-27-51Certified by See ltr attached
to this book M. D.

No. 57-17

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Joseph J. Daniels

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

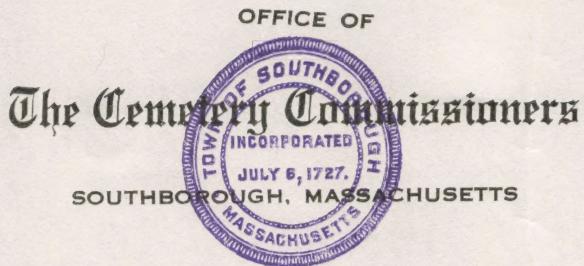
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on Nov. 24, 1951

Certified by Walter M. Elliott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



November 21, 1951

Board of Health
Southboro, Mass.

Gentlemen: Attn. Dr. T.P. Stone, Agt.

Will you please issue a Removal Permit, to the undersigned, for the removal of the remains of Joseph J. Daniels from Lot 6, Sec. 12 and to remove the same to and reinter said remains in Lot 35-S, Sec. C-West. The cause of death was a Fractured Neck (Automobile Accident), Dec. 22, 1950.

Authorization for this transfer has been received from the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

By: *Walter M. Offutt*
Walter M. Offutt, Supt.

Issued permit #51-17